

PCAT273

DEPARTMENT OF CORRECTIONS  
PAROLE COMMISSION  
DOC-1208B (Rev. 08/2011)

WISCONSIN  
Administrative Code  
Chapter PAC 1

### NOTICE OF RESCINDED PAROLE GRANT AND STATEMENT OF HEARING RIGHTS

OFFENDER NAME BALSEWICZ, DOUGLAS	DOC NUMBER 221009	FACILITY NAME Fox Lake Correctional Institution	AGENT # 32107
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The Parole Commission has rescinded the Parole Grant dated 05/19/2022 for a release to occur on Recommended Eligibility Date N/A based on the following:

Mr. Basiewicz, you are serving 80-year indeterminate, parole-eligible sentence for 2nd Degree Intentional Homicide and Burglary-Arm Self with Dangerous Weapon. On 4/14/2022, you were recommended for discretionary parole by Commissioner Kramer, who identified your risk as being mitigated through program completion, developing an approved release plan, and successful transition through reduced custody to the extent possible, which was limited by [REDACTED]. Commissioner Kramer also noted your positive institution adjustment as a reflection of risk reduction. It was noted that victim opposition was received and considered in this recommendation. This recommendation was approved on 4/27/2022, with an effective date of 5/17/2022.

Following approval, it was brought the Commission's attention that certain statutory victims had not provided feedback, but desired to do so in consideration of your parole. Most notably, the daughter of your victim, who was a minor at the time of the offense, was not among the victims who were invited to offer impact statements or attend the hearing. This exclusion appears to be a function of an oversight in process, wherein minor victims are not automatically invited to register for notification and to exercise their statutory rights as victims upon achieving adulthood. Given the critical role of victim input, the dual victim status of your victim's daughter, and the missed opportunity to include her and potentially others in the paroling process, the assessment of sufficient time as to not depreciate the seriousness of the offense must be reevaluated in the context of receiving that victim feedback; or, at a minimum, providing ample opportunity for feedback to be offered.

It is the judgment of the Chair that aforementioned information does constitutes a change in circumstances. Thus, the Chair is compelled to rescind your parole and establish a new parole eligibility date of 03/02/2023 with parole review to occur in January 2023.

Date: 05/19/2022 --- Time: 08:35:32 AM --- User: J. Tate, Chairperson

#### HEARING RIGHTS

In accordance with Administrative Code PAC 1.07(5)(c) you have the following rights:

- Written notice of reasons for the parole grant cancellation;
- disclosure of evidence;
- to appear and be heard by an impartial Administrative Law Judge from the Division of Hearings and Appeals in the Department of Administration;
- to present witnesses and evidence and to confront and cross-examine witnesses;
- to receive a written statement of the evidence relied upon; and
- to be represented by counsel

ACTION TAKEN Rescind Grant	PED/RED/PESD 03/02/2023	MR 10/02/2050
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SIGNATURE OF PAROLE COMMISSION CHAIRPERSON

J. Tate 0113038

05/19/2022

SIGNATURE

DATE SIGNED

#### RECEIPT

I read the above statement and understand my rights as outlined above. As noted above, the reasons for the rescinded grant/release are affixed on this form and serve as written notice to me.

<div style="display: flex; justify-content: space-between;"> <div>OFFENDER'S SIGNATURE</div> <div>DATE SIGNED</div> </div>		<div style="display: flex; justify-content: space-between;"> <div>WITNESS SIGNATURE AND TITLE</div> <div>DATE SIGNED</div> </div>	
<input type="checkbox"/> Refused to Sign			

#### Hearing Request

If you wish to have a hearing before Division of Hearings and Appeals, you must submit your request in writing on form DOC-2341 "Offender Request for Rescinded Parole Grant Hearing" to the **Wisconsin Parole Commission Chairperson at P.O. Box 7960, Madison, WI 53707-7960**. Your written request must be received within **10 (ten) days** of receiving this notice. If you do not respond to the Chairperson within the 10 (ten) days, you will have waived your right to a hearing before the Division of Hearings and Appeals and the rescinded grant decision will be final.

**DISTRIBUTION:** Original - Division of Hearing & Appeals (Attach Copy of DOC-1208B); Copy - Records Office; Copy - Social Worker (Offender SS File); Copy - Central Records Unit; Copy - Facility Representative; Copy - Parole Commission Representative; Copy - Agent; Copy - PRC Copy - Offender

## OUTLINE OF RESCINDED PAROLE GRANT PROCESS

A notice of rescinded parole grant and statement of hearing rights is hereby served on you advising that your parole grant is rescinded. This action is subject to an administrative hearing. At this informal hearing you have a right to be represented by an attorney. If you cannot afford to hire counsel, you must contact the state public defender for an indigence determination and appointment of counsel.

### HEARING

The hearing will be conducted by an Administrative Law Judge employed by Department of Administration, Division of Hearings and Appeals. At the hearing, you and the Parole Commission representative will be permitted to present testimony, witnesses and documents. All testimony will be recorded.

After the hearing, the Administrative Law Judge will enter a written recommendation to the Chairperson of the Parole Commission with regard to the rescinded grant. The Administrative Law Judge will also make written Findings of Fact and Conclusion of Law. This will be furnished to you, your attorney and the Parole Commission.

The final decision of the Parole Commission Chairperson will be made upon receipt of the recommended decision of the Administrative Law judge. The notice of review by Writ of Certiorari should be included with the final decision of the Chairperson.

### HOW TO REQUEST A HEARING

If you wish to have a hearing before Division of Hearings and Appeals, you must submit your request in writing on form DOC-2341 "Offender Request for Rescinded Parole Grant Hearing" to the Wisconsin Parole Commission Chairperson at P.O. Box 7960, Madison, WI 53707-7960. Your written request must be received within 10 (ten) days of receiving the Notice of Rescinded Grant and Statement of Hearing Rights.

### HOW TO REQUEST AN ATTORNEY

If you wish to be represented by an attorney, it is your responsibility to obtain counsel. If you cannot afford to hire counsel, you must contact the state public defender for an indigence determination and appointment of counsel.

### SUBPOENAS

You and the Parole Commission have the right to subpoena witnesses to testify at the hearing. Witnesses will be asked to give testimony that relates to the allegation(s) upon which the rescinded grant is based. Subpoenas are obtained from your attorney.

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PAROLE COMMISSION

DOC-2341(Rev. 1/2019)

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## INMATE REQUEST FOR RESCINDED PAROLE GRANT ORDER HEARING

SOLICITUD DE RECLUSO(A) PARA OBTENER UNA AUDIENCIA POR LA ANULACIÓN DE LA ÓRDEN DE LIBERTAD  
CONDICIONAL CONCEDIDA

INMATE NAME / NOMBRE DEL/LA RECLUSO(A) BALSEWICZ, DOUGLAS	DOC NUMBER NUMERO DE RECLUSO(A) 221009	FACILITY NAME NOMBRE DE LA FACILIDAD Fox Lake Correctional Institution	AGENT# AGENTE # 32107
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The Parole Commission has rescinded the parole grant dated 05/19/2022.

La Comisión de Libertad Condicional ha anulado la libertad condicional concedida en 05/19/2022.

If you wish to have a hearing before Division of Hearings and Appeals, you must submit your request in writing to the **Parole Commission Chairperson at P.O. Box 7960, Madison, WI 53707-7960**. Your written request must be received within **10 (ten) calendar days** of receiving your Notice of Rescinded Parole Grant Order and Statement of Hearing Rights (DOC-1208B). If you do not respond to the Chairperson within the 10 (ten) days, you will have waived your right to a hearing before the Division of Hearings and Appeals.

Si es que usted desea tener una audiencia ante la División de Audiencias y Apelaciones, usted debe enviar su solicitud escrita al/la Presidente de La Comisión de Libertad Condicional a P.O. Box 7960, Madison, WI 53707-7960. Su solicitud escrita debe ser recibida dentro de 10 (diez) días de recibir su Notificación de Anulación de la Orden de Libertad Condicional Concedida y de la Declaración de Derechos a Una Audiencia (DOC-1208B). Si usted no responde al/la Presidente dentro de 10 (diez) días del calendario, usted habrá renunciado a su derecho de tener una audiencia ante la División de Audiencias y Apelaciones.

**INSTRUCTIONS:** Write your request in the space provided below and submit to the Parole Commission.

**INSTRUCCIONES:** Escriba su solicitud en el espacio provisto abajo y debe enviarla a la Comisión de Libertad Condicional.

INMATE SIGNATURE FIRMA DEL/LA RECLUSO(A) #	DATE SIGNED FECHA DE FIRMA #
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**DISTRIBUTION:** Original - Division of Hearing & Appeals (Attach Copy of DOC-1208B); Official Record - Social Service File, Left Side; Official Record - DCC Offender Case File; Copy - CRU;; Copy - Parole Commission Representative; Copy - RC; Copy - Inmate